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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MESA OPERATING LIMITED PARTNERSHIP	Well API No. 30-045-27478
Address P.O. BOX 2009 AMARILLO, TX 79189	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

RECEIVED
MAY 08 1991
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name FC STATE COM	Well No. 4	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease <input checked="" type="checkbox"/> State Federal or Fee	Lease No. B-11240-75
Location Unit Letter <u>H</u> : <u>1340</u> Feet From The <u>NORTH</u> Line and <u>800</u> Feet From The <u>EAST</u> Line Section <u>36</u> Township <u>31N</u> Range <u>9W</u> , NMPM, <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> MESA OPERATING LIMITED PARTNERSHIP	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2009 AMARILLO TX 79189				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?
					NO

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 7/24/90	Date Compl. Ready to Prod. 4/21/91		Total Depth 3339'		P.B.T.D. NA			
Elevations (DF, RKB, RT, GR, etc.) 6500' GR	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 3040'		Tubing Depth 3160'			
Perforations NA 3040 - 3339					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		233'		150 SX CLASS B			
8 3/4"	7"		3040'		400 SX CLASS B +			
7"	2 7/8"		3160'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2535	Length of Test 24 HRS	Bbls. Condensate/MMCF NA	Gravity of Condensate NA
Testing Method (pilot, back pr.) PITOT	Tubing Pressure (Shut-in) 1290 PSIG	Casing Pressure (Shut-in) 1290 PSIG	Choke Size OPEN

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Deana R. Rea
Signature
DEANA R. REA ADMINISTRATIVE CLERK
Printed Name
5-2-91 Date
(806) 378-1000 Title
Telephone No.

OIL CONSERVATION DIVISION

MAY 08 1991

Date Approved _____
By Bill D. Shroy
SUPERVISOR DISTRICT #3
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.